DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Caroline b. COUNTY Maryland Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by on papers. Pag within 72 hours RIPPI RICELY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? None None YES NO remove carbon par n any event, within PHYSICIAN: The law requires that the death certificate be executed within NAME DE DECEASED First Middle Last 4. DATE Month Day Holsinger Adam Stayer (Type or print) DEATH 74 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min DATE OF BIRTH Days Male White WIDOWED X DIVORCED attending physician a ermit. Then please/re 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Retired Farmer None Penna. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David P. Holsinger Amelia Stayer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT this certificate has been signed by the attenc letached for use as the burial-transit permit. • Dept. of Health prior to burial, cremation, or r Address (Yes, no, or unkown) | (If yes give war or dates of service) No Russell Holsinger Ridgely, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Insufficiency Renal IMMEDIATE CAUSE (a) DUF TO Arteriosclerotic C.V.Disease Conditions. If any, which (b) gave rise to immediate DUF TO cause (a), stating the Generalized Arteriosclerosis underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Cancer of the Prostate with regional metastasis NO T YES | 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) After t d be de s State factory, street, office bldg., etc.) Hour a.m. Not While While at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from Jan. 5 1965 to Apr. 14 . 1966 , that (I) (we) last Aprol4 1966 saw the deceased alive on. and that death occurred at_ .M. from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED ATTENDING PHYS. Apr. 15'66 DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles .Stonegifer.M.D Greensboro. Marvland BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Greensboro, Maryland Burial 4-16-66 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY h COUNTY af death. MARYLAND Department c. LENGTH OF STAY IN 1b and NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE with the State Dep alang with farm Give Pages 1, ON A FARM? NO 3. NAME OF Middle First 4. DATE Year DECEASED OF DEATH RUEN (Type or print) 7. MARRIED AGE (In yeor IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED event 12. CITIZEN OF WHA during most of working life, even if retired) COUNTRY? any BADORER pages 13. FATHER'S NAME within pencil __ UNKnowN and INFORMANT be executed permit. the Chief Medical removal, (Yes, no, or unknown) (If ves give wor or dotes of service) pending CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: Cerebral Hemorhage ONSET AND DEATH 5 IMMEDIATE CAUSE (o) shauld word crematian, DUE TO Ceebral arterioslerosis Conditions, if ony, which gove writing the rise to immediate couse (o), DUE TO This certificate stoting the underlying couse 0 burial nsed THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? the certificate NO X agent, priar ta OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page ot work Inspection ____ 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian Natural causes X Suicide death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY pe P DEPUTY MEDICAL EXAMINER Harold B.Plummer M.D Health NAME (Type Address (Street, city, town, or county) RIAL, CREMATION, 23d. LOCATION (City or Town) (County) 0 250 REC'S BY REGISTRAR 1966 VR A15ME (5)

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2		DIVISION OF STATISTICAL RESEAR	AND STATE DEF RCH AND RECORDS,	ARTMENT OF 301 W. PRESTON	HEALTH N STREET, BALTIMOR	E 1, MARYLAND
A	1	05084	CERTIFICATE	OF DEATH		05083
7		PLACE DF DEATH a. COUNTY Caroline	MARYLAND	a. STATE	E (Where deceased lived, If insti b. COUNT ryland	tution: Residence before admission) Y Caroline
		write RURAL and give nearest town)	LENGTH OF STAY IN 1b		outside corporate limits, write deralsburg	e RURAL end give nearest town)
-		d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	Life Oltal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0		106 South University Ave	nue	106 South	University Ave	enue YES NO K
		NAME DF DECEASED (Type or print) First Ralph (Jim)	Middle Eugene	Last Howard	4. DATE Month OF DEATH ADT11	Day Year 7 19 66
	5. N		NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years III	FUNDER 1 YEAR IF UNDER 24 HRS Nonths Days Hours Min.
н	F	USUAL OCCUPATION (GIVE kind of work done ng most of working life, even if retired) lant Superintendent Poult		11. BIRTHPLACE (Con	unty & State, or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME Jerome Howard		14. MOTHER'S MAIDE	N NAME	
	15. (Yes	, no, or unkown) (If yes give war or dates of service)		INFDRMANT	Address W. Howard, Fed	
=		18. CAUSE OF DEATH [Enter only one cause per line				30 INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If any, which DUE TO				
		gave rise to Immediate cause (a), stating the underlying cause last.				
	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K
		20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2005 OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUI	RRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJU Hour a.m. While at work	IRY OCCURRED 2De. PLAC factor at work	E DF INJURY (Home, far y, street, office bidg., et	m, 2Df. (City or town)	(County) (State)
		21. I certify that (I) (this hospital) attended saw the deceased alive on 4-7.		-7-66 , 19 death occurred at	M, from the causes at	, 19, that (I) (we) last nd on the date stated above
1	6	Hank M. ander	son M.D.	PHYS. X D	IED. STAFF PHYS.	22b. DATE SIGNED 4-9-66
	-	22c. Physician's NAME Harank M. Anderson	•	Pederals		
	23a.	Burial April 9,1966	23c. NAME OF CEMETERY Hill Crest C	emeterv	23d. LOCATION (City, tow Federalsburg	, Maryland
	3 4.	FUNERAL DIRECTOR and Son, Fede:	ADDRESS	1°25a, REC	D BY REGISTRAR 25b. REG	istrar's signature
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April 9,1956 | Hill Crest Conetery

J. J. Frampton and son, Ecdevalsburg, Carpland

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1(M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05084
HEALTH DEPT.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission and admission admission and admission admission and admission admission admission and admission ad
	Caroline Maryland Saroline
o the funeral te 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
part opart	Rural Ridgely 79 Yrs. Rural Kidgely 03-/
lay recessary, 13 to the funeral Page 5 may be State Department ours after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARM
Page State hours	None YES NO S 3. NAME OF First Middle Lest 4. DATE Month Day Year
M3. M3.	DECEASED (Type or print) Elma Thomas Price DEATH 4 8 1966
ith. If all form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24H Months Days Hours Miles
age. 1 followit with wind with wind with wind with the wind wind with the wind wind wind wind wind wind wind wind	Female Col. WIDOWED DIVORCED 10-8-1886 79 yrs.
er deat with with	10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ours afte along e along pages 1	Housewife None Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours e al	Henry Price No Record
24 ho n Iten Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service)
within 2 pencil in miner's C permit.	No 220-01-7583 Henry Price Ridgely, Maryland
d will	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
"pe executed "peding" in "fedical Exan a burial-transit cremation, or cremation, or "fedical Exansit control of the second of th	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Pulmanry Adema 3 hours 4 4 2 X DUE TO
exe ndin dical al-tra	Conditions, If eny, which) Ohronic Congestive Heart Failure 4-5 yrs
d be "pe buri	gave rise to immediate ceuse (e), stating the DUE TO
ite shoul e word he Chief ed as a burial,	underlying cause last.) (c) Apteriosleratio Cardra Renal Disease 10yrs
ficate s the w o the C used a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
tiffic to to to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION CONTRIBUTI
rded rided bride	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Itam 18.)
EXAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, outd be forwarded to the Chief Medical Examiner's Office along with form les. R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within the page 2 should be used as a burial transit permit.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) 20f. (City or town) 20f. (City or
iffical fife be fa	Hour a.m. p.m. 19 While at work at work At work
EXAMINED the certificate the should be ur files. ECTOR: Page is designated as	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opini
AEDICAL EX Cute the cage 4 shour r your files DIRECTOR:	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
MEDI- eccute Page 4 for your	ACTUAL SIGNATURE / LONG (D) TIMES M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNE
= 04.0 J	DEPUTY MEDICAL EXAMINER 14/34/65
O DEPUTY P please exe director. F retained fo O FUNERAL of Health	NAME (Type) Harold B Plummer M D Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of Fu	Burial 4-12-66 Thomas Burial Ground Ridgely, Maryland
. 0	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	J. E. Bouland Scens Corn, md. DATPR 18 1966 Jolianles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT 05086MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE b. COUNTY Caroline Maryland Caroline MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Preston - Rural Preston - Rural vears the d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 5 0 8 State Preston - Harmony Road R.F.D. #2 YES X NO delay and 3 t 2, and PM3. 3. NAME OF First DATE Month Day Year Middle Last DECEASED Charles Puff 28 19 66 (Type or print) Jr. DEATH April ive Pages 1, with form 1 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9. lest birthdey) | Months | Oays Hours Male White October 21,1895 WIDOWEO . OIVORCEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) after d COUNTRY? Passaic, New Jersey USA Woolen Mills pages 1 in any Retired Paymaster 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret (maiden name unknown) Charles Puff File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. d be executed within 2 "pending" in pencil in Medical Examiner's (143-05-1151 Mrs. Emma Puff, Preston, Maryland, RFD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlussion burial-transit per cremation, or p minutes DUE TO Conditions, If any, which Coronary slerosis gave rise to immediate DUE TO cause (a), stating the EXAMINER: This certificate should the certificate, writing the word 'should be forwarded to the Chief 60 underlying cause last. 10.vr used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUIT NOT RELATED TO THE TERMINATO IS EASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY CERTIFICATION PERFORMEO? Pulmon ry Emphysema ad extrinsis asthma
208. EXTERNAL CAUSE WAS | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natu YES T NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. should ent, pri 3 shou MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Oev. Year factory, street, office bldg., etc.) Hour a.m. Not While et work at work and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy -Inspection Inquiry DIRECTOR: Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER your 4 22. DATE SIGNED Page ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 10 FUNERAL I OEPUTY MEDICAL EXAMINER April 29,1966 **EXAMINER'S** Harold B. Plummer, M.D. please ex director. retained Address (Street, city, town, or county) Preston, Maryland NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23a. 0 Wilmington, Delaware May 2, 1966 Silverbrook Crematory Cremation 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR J. Framptom and Son, Federalsburg, Maryland VR ALSME (5) 1966 arometrauston 11 1/65

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April 29.19	27 To 10 to		.e bloom!
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also Junger			J. J. Francisca and Son

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 hours after death PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY Caroline Caroline by the financial Pages 1 urs after MARYLAND CiTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) hours Yrs. Greensboro Greensboro = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? completely filled 24 North Main Street North Main Street within No-K YES executed within carbon NAME OF First Middie OATE Last Month Day Year DECEASED Charles Ralph Rich April (Type or print) DEATH 66 19 6. CDLDR OR RACE | 7. MARRIEDE 5. SEX DATE OF BIRTH emove ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ NEVER MARRIED last birthday) Months I Days and Male WIDOWED | DIVORCED physician and physician a = 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) INDUSTRY and Reach U.S.A. Retired Maintenance Geo Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician. remova attending Walter Rich Margaret Turner 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITYNO. I 17. INFORMANT Address has been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 218-01-4504Mrs. Annie Rich Greensboro. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Insufficiency 00 DUE TO Generalized Arteriosclerosis Cenditions, if any, which gave rise to Immediate DUE TD cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) certificate hashed for use of Health p PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certified be detached for State Dept. of H 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. at work at work p.m. D Feb. 1900 21. I certify that (I) (this hospital) attended the deceased from-1966 that (I) (we) last DIRECTOR: / age 3 should liled with the 19 66 5PM, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR May 2'66 M.D. O HOSPITAL TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Charles Stonesifer. M.D. Greensboro. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial REC'D BY REGISTRAR 24. | FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral affer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence e. COUNTY within 24 hours b. COUNTY d p MARYLAND and in by t b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE d. STREET ADDRESS hours ON A FARM? completely papers. YES NOV executed NAME OF First Middle Last 4. DATE Yeer Month DECEASED OF within (Type or print) DEATH 196 carbon and 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Deys death certificate WIDOWED physician IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) NOT please .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) be retained by the hospital or attending physician. SCTOR: After this certificate has been signed by the permit. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Abscess of left lung cremation, IMMEDIATE CAUSE (e) the burial-transit **DUE TO** Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY 0 for use as CERTIFICATION PERFORMED? prior Malnutrition and Anemia NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) Health OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) defached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (Stete) ō fectory, street, office bldg., etc. While Not While Hour e.m DIRECTOR: et work et work p.m Pe 21. I certify that (I) (this hospital) attended the deceased from May 10 19.65 to Apr. 13 0 shoul 13 1966, and that death occurred at........M, from the causes and on the date stated above. saw the deceased alive on Apr may SIGNATURE 22b. DATE death. Page 4 r MED. ATTENDING STAFF 55 SIGNED rector, page if filed with the DIRECTOR PHYS. PHYS. PHYSICIAN'S M.D 22d. ADDRESS NAME (Type) .Stonesifer, M.D. Charles Greensboro, Md. 21639 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (Stete) O F REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 1966 VR A15 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

The Hard Company disens has northern tall TO THE TOTAL PROPERTY OF THE PARTY OF THE PA TRANSPORT OF THE REST OF THE PARTY OF THE PA Sheries H. Stefenst top. 1. J. C. Stern Brown, Ed. Flage THE STREET STREET STREET STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Caroline b. COUNTY Maryland Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Rural Henderson C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson Ξ etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? None None 00 YES NO NO within etely completely ye carbon NAME OF First DATE Middle Last Month DECEASED (Type or print) Anna Marie Vavrinec DEATH April 19 66 executed 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED physician and can be please removed and in any can be seen and in any can be please to be pleased. remov Months I Days WIDOWED T Female DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Housewife None The law requires that the death certificate Czechoslovakia attending phys ermit. Then ple m, or removal, a 13. FATHER'S NAME MOTHER'S MAIDEN NAME James Cepek Marie Kutilek 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attendit permit. (Yes, no. or unkown) (If yes give war or dates of service) transit perm cremation, No Margaret 220-46-0072 Snow Henderson. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed that the burial transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic Congestive Failure the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Chronic Myocarditis Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating ArteriosclerosisC. V. Dis. with underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY certificate PERFORMED? Parkinson's Disease YES NO T 6 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While While at work at work p.m. 19 66, that (1) (we) last 0 21. I certify that (I) (this hospital) attended the deceased from shoul 66, and that death occurred at DIRECTOR age 3 sho led with t saw the deceased alive on_ Apr. M. from the causes and on the date stated above. 22b. DATE SIGNED r22a. 4 may be MED. DIRECTOR STAFF PHYS. page PHYS. O HOSPITAL FUNERAL director, p 22C. PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles .Stone \$1 fer.M.D Greensboro. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify)
Burial 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR

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